STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER'SUPPLIER'C IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/11/2023		
	VIDER OR SUPPLIER: SURGICENTER, LLC	39C0001241	STREET ADDRESS 240 GEIGER	, CITY, STATE, Z		07/11/2023	
STATE LICENS	e number: 20891501		PHILADELP	HIA, PA 19	115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PROVIDER'S PLAN OF CORRECTION (EAC PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA			(X5) COMPLETE DATE	
S 0000	This report is the result of a special monitoring survey conducted on March 13, 2023, completed March 14, 2023, at Red Lion Surgicenter, LLC. It was determined that the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.		pleted LLC. It s and s, Annex	S 0000			
S 6603				S 6603			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN.	ATURE		TITLE:	(X6) DATE:	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER.			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
		39C0001241			<u></u>	07/11/2023	
RED LION	VIDER OR SUPPLIER: I SURGICENTER, LLC EE NUMBER: 20891501		STREET ADDRESS, 240 GEIGER PHILADELPI	ROAD			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6603	radiology services including, but not limited to	diology services upon the accompanied by a concion.	e written	S 6603	On July 21, 2023 the Board a revisions to "Dental Radiolo Standing Orders Policy." On July 21, 2023 a "Dental/Radiology Order Fo created and approved by the which includes a written ord practitioner prior to any radio procedure completion, which be accompanied by a concise statement of the reason for the examination. The form will part of each patient's perman medical record. All dentists, dental assistants circulating nurses will be trathis revision to procedure. Documentation of this training be completed and presented Board. A chart audit will be comple every chart for a period of foweeks. Any deficiencies not be addressed immediately woffending practitioner by the Medical Director. If after fo	rm" was Board er of a ology n shall e ne become a nent s and ining on ng will to the ted for our ted will ith the	Completion Date: 08/31/2023 Status: APPROVED Date: 07/21/2023

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Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001241				07/11/2023	
RED LION	VIDER OR SUPPLIER: I SURGICENTER, LLC E NUMBER: 20891501		STREET ADDRESS, 240 GEIGER I PHILADELPH	ROAD			
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S 6603	Continued from page 2			S 6603	100% compliance is not achi two consecutive weeks, addi audit, training, and disciplina action as indicated, will be completed. The results of th will be documented and reporthe Board. The peer review worksheet with modified to include "Dental Radiology Orders Complete Appropriate." This continuo monitoring will confirm this is sustained on a permanent be addressed immediately by the Medical Director and addition training and/or disciplinary awill be considered. The Administrator and Medi Director are responsible to me continued implementation of plan of correction.	tional ary is audit orted to vas and ous process basis. e onal action cal nonitor	

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Pennsylvania Department of Health

PLAN OF CORRECTION (POC) IDENTIFICATION N		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001241		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00_ B. WING:		(X3) DATE SURVEY COMPLETED: 07/11/2023		
NAME OF PROVIDER OR SUPPLIER: RED LION SURGICENTER, LLC STATE LICENSE NUMBER: 20891501			STREET ADDRESS, CITY, STATE, ZIP CODE: 240 GEIGER ROAD PHILADELPHIA, PA 19115					
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE		
S 6603	Based on a review of facility policies, medical records (MR), and interview with staff (EMP) was determined the facility failed to ensure radiologic services for dental x-rays was provibased on a written order of a practitioner with clinical privileges prior to performing the radio services for eight of eight medical records revi (MR2, MR3, MR5, MR6, MR7, MR8, MR9 at MR10). Findings include: A review on March 14, 2023, of facility policy "Governing Body Responsibilities" last revised September 27, 2022, revealed "The Governing Body, which also serves as the Executive Committee of the Red Lion SurgiCenter is responsible for: 1. Conforming to applicable for state and local laws6. Adopting policies and procedures necessary for the orderly conduct of Center."		IP), it rovided ith adiologic reviewed 9 and licy rised hing	S 6603				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001241		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 07/11/2023	ΞY	
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S 6603	"Dental Radiographs S 1, 2021, revealed "At . dental health is our pridental diagnosis, adequate the teeth and surrounding the following standard care." A review on March 14 old female admitted Ferenabilitation procedur operative note authored 2023, at 2:40 PM. Fur "Radiographs: Upper Fupper Occlusal and Lox-ray taken of teeth: 4 revealed there was note by a practitioner with containing dental x-rays." A review on March 14 old male admitted Januarehabilitation procedure.	Red Lion Surgicentority! To make an apparent ority! To make an apparent or the structures. We add orders to maintain a parent of the structures of the structures of the structure of the s	ter, propriate aken of dhere to quality of ur year an oral led an ry 13, ewings, pical review n order ior to ur year oral	S 6603				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
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S 6603	operative note authored 2023, at 2:41 PM. Fur "Radiographs: Upper F Upper Occlusal and Lox-ray taken of teeth: 4 revealed there was no obtaining dental x-rays." A review on March 14 old male admitted Decrehabilitation procedur operative note authored 2022, at 3:08 PM. Fur "Radiographs: Upper F Upper Occlusal and Lox-ray taken of teeth: 4 revealed there was no obtaining dental x-rays. A review on March 14 year old male admitted rehabilitation procedur	ther review revealed PA, Lower PA, 2 Bit ower Occlusal. Perial total PAs." Further evidence of a writter clinical privileges prist. 2023, of MR5, a fivember 28, 2022, for e with fillings reveal by CF6 on December 28, 2022, for evidence of a Writter evidence of a writter over Occlusal. Perial total PAs." Further evidence of a writter clinical privileges prist. 2023, of MR6, an evidence of MR6, an evide	ewings, pical review n order ior to ve year an oral led an per 28, ewings, pical review n order ior to	S 6603			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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NAME OF PROVIDER OR SUPPLIER: RED LION SURGICENTER, LLC STATE LICENSE NUMBER: 20891501		STREET ADDRESS, 240 GEIGER I PHILADELPI	ROAD				
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S 6603	ON SURGICENTER, LLC		ewings. taken." ence of a privileges ve year an oral led an 23, ewings, pical review a order ior to ve year an oral	S 6603			
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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:	
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S 6603	Continued from page 7			S 6603			
	2023, at 7:53 AM. Fur "Radiographs: Upper Fupper Occlusal and Lox-ray taken of teeth: 4 revealed there was no obtaining dental x-rays." A review on March 14 old female admitted Ferenabilitation procedur operative note authored 2023, at 3:41 PM. Fur "Radiographs: Upper Fupper Occlusal and Lox-ray taken of teeth: 4 revealed there was no obtaining dental x-rays." A review on March 14 year old female admitted oral rehabilitation procedured the procedure operative note authored operative note authored.	PA, Lower PA, 2 Bit ower Occlusal. Perial total PAs." Further evidence of a writter clinical privileges pros. 2023, of MR9, a size bruary 23, 2023, for with fillings revealed by CF5 on February ther review revealed PA, Lower PA, 2 Bit ower Occlusal. Perial total PAs." Further evidence of a writter clinical privileges pros. 2023, of MR10, a seed February 2, 2023, seed with fillings revealed review revealed writter clinical privileges pros.	ewings, pical review n order ior to x year an oral led an ry 24, ewings, pical review n order ior to				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001241		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/11/2023	
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S 6603	Continued from page 8 2023, at 3:06 PM. Fur "Radiographs: Upper F Upper Occlusal and Lox-ray taken of teeth: 4 revealed there was no obtaining dental x-rays. An interview conducte 10:25 AM with EMP1 provision in the policy practitioner with clinic dental x-rays for MR2, MR8, MR9 and MR10.	PA, Lower PA, 2 Bite ower Occlusal. Perial total PAs." Further evidence of a written clinical privileges priss. Ed on March 14, 2023 confirmed there was requiring a written of all privileges prior to MR3, MR5, MR6, MR6, MR6, MR6, MR6, MR6, MR6, MR6	rewings, pical review n order ior to 3, at s no order by a o obtaining	S 6603			

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Certified End Page

RED LION SURGICENTER, LLC

STATE LICENSE NUMBER: 20891501 SURVEY EXIT DATE: 07/11/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY